

## CLARO'S UNIVERSAL SERVICE PROGRAM

The Universal Service Programs ("Lifeline") provide discounts on the monthly telephone bill for the rent of a single service, whether landline or mobile, to subscribers who meet the eligibility criteria for this benefit. "Lifeline" funds come from the Federal Universal Service Fund (administered by the Universal Service Administrative Co. and the Federal Communications Commission) and the Universal Service Fund of Puerto Rico (administered by Solix, Inc. and the Telecommunications Regulatory Board of Puerto Rico). User Eligibility for the subsidy is based on your participation on qualified assistance programs or based on income criteria established by the above mentioned agencies.

The Federal Program provides a subsidy of \$9.25 and the Puerto Rico Program provides a subsidy of \$1.00, both applicable to the monthly basic rent. These combined programs offer a maximum credit of \$ 10.25 per month, which can only be applied to the phone service for a single household.

The customer subscribed to this benefit may select the restriction to generate long distance calls at no extra cost. This selection will provide a refund of \$20.00 for the initial deposit of new orders.

The applicant will begin to enjoy the subsidy, once all required documents are submitted to and processed by CLARO. The customer will be notified in writing if the application is deemed ineligible. This determination may be reconsidered in accordance with the applicable laws and / or regulations.

**Any applicant who provides false or misleading information in the application may be penalized according to existing laws, and the subsidy will be suspended immediately.**

### ELIGIBILITY REQUIREMENTS FOR SUBSIDY:

- a. The applicant must demonstrate that he has been qualified to receive help from any of the following assistance programs: Nutrition Assistance Program (NAP), Medical Assistance Program (Medicaid) Federal Public Housing Assistance (Section 8); Energy Assistance Program for Low Income, National School Full Lunch Program Temporary Assistance for Needy Families, or Supplemental Security Income. All applicants, except PAN beneficiaries who are automatically enrolled, must submit an official certification of the government agency that administers these programs.
- b. An applicant who does not participate in any of these assistance programs and who qualifies by income criteria, must certify the annual income of all household members using the following methods: state or federal tax return, pay stubs of three consecutive months for the same year; statement of Social Security benefits; statement of Veterans Administration benefits; statement of pension or retirement benefits, statement of unemployment benefits or the State Insurance Fund, divorce decree or resolution of alimony. The applicant must certify in writing, under penalty of perjury, that the document reflects the accuracy of his household income.

### ADDITIONAL REQUIREMENTS:

- Submit the Universal Service Application completed correctly and signed.
- The telephone number should be registered under the name of the participant of the assistance program.
- Provide a recent reliable and accurate statement of Utility bills (water, electric power, cable, satellite television, telephone) or any other which validates his residential physical address, in addition to his postal address.
- Provide birth certificate, passport or driver's license.
- The applicant must complete the "Form on Household Lifeline" only in those cases in which the same address within another household resides separately from the applicant and in which one member receives the Lifeline subsidy. **For purposes of the grant, family unit is defined as an individual or group of individuals living together at the same address as a single economic unit and sharing income and expenses.**

### GUIDELINES FOR COMPLETING THE APPLICATION OF UNIVERSAL SERVICE:

1. Mark only one service where you want the subsidy to be granted.
2. If existing customer, enter the telephone number. If you are a new customer, indicate the number of the service order.
3. Enter the surname (last name).
4. Enter the second surname (last name). If you do not have a second surname (last name) you must present one of the following documents: (birth certificate, passport or driver's license).
5. Enter your first name.
6. Enter your second name (if applicable).
7. Enter your date of birth in the following order month, day and year.
8. Enter your full Social Security number.
9. State two (2) reference telephone numbers where you can be reached.
10. Enter your postal address where you receive your invoice and correspondence.
11. Enter your home address (physical). Must demonstrate evidence presenting any of the following documents: water bill, electric power, cable or satellite television, telephone or any other statement containing the applicant's name and residential address evidencing permanent physical address.
12. Mark if your address of residence is permanent or temporary.
13. Mark if at your address resides more than one household. If there is an additional household in the same address; you must complete the "Form on Household Lifeline".
14. Indicate the number of people who live with you. This number can not include the applicant.
15. Mark if you are applying for benefits based on your income. If so, you must submit evidence of the documents described in section (b) of the ELIGIBILITY REQUIREMENTS FOR GRANT.
16. Mark if you are applying for the benefit as a participant of one (1) of the assistance programs listed in this box.
17. Indicate if you wish to restrict long distance service at no additional cost. However, the restriction does not apply to long-distance service packages (bundles) that include long distance plans.
18. If you are a recipient of PAN, include your initials next to your selection for automatic enrollment in the Universal Service Program. If you choose option (b) to exclude from the automatic enrollment you must complete box 20.
19. Sign the application. Without the signature, the application is invalid.
20. Indicate the date you are signing the application.

**Remember to complete the certification that is included in this application.**

### FOR ADDITIONAL INFORMATION ON THESE PROGRAMS YOU MAY CONTACT US THROUGH THE FOLLOWING:

(787) 774-3000 Phone  
UNIVERSAL SERVICE - P.O. BOX 70234 / SAN JUAN, PR 00939-7234  
(787)782-0828 Fax  
E-mail: [serviciouniversalprt@claropr.com](mailto:serviciouniversalprt@claropr.com)



# UNIVERSAL SERVICE APPLICATION

(1) Indicate in which service you want the Subsidy: <input type="checkbox"/> Claro Fijo <input type="checkbox"/> Claro Móvil <input type="checkbox"/> Claro Pre Pago		(2) Existing Service: <input type="checkbox"/> New Service <input type="checkbox"/> Indicate telephone Number      Indicate Order Number : (   )	
(3) Last Name	(4) Mother's Maiden Name	(5) Name	(6) Middle Name
(7) Date of Birth (MM- DD -YYYY-)	(8) Social Security Number _____ - _____ - _____	(9) Include two reference numbers (   )      (   )	
(10) Postal Address: Urb. /Cond.      Number      Street			
Town      State      Zip Code			
(11) Residential Address: Urb. /Cond./Bo.      Number      Street /Road			
Town      State      Zip Code			
(12) Mark if your <u>residential</u> address is permanent or temporary: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		(13) Does another family unit receiving subsidy live in this address? YES <input type="checkbox"/> No <input type="checkbox"/> If you mark "Yes", you should complete the "Form on Household Lifeline"	
(14) ¿How many people compose your household? (Do not include applicant)		(15) Mark if your eligibility for the subsidy is based on income. YES <input type="checkbox"/> NO <input type="checkbox"/> If "No", complete box 16.	
(16) Mark the assistance program based on the one that qualifies you for the subsidy: <input type="checkbox"/> Nutrition Assistance Program (PAN) of the Department of Family. <input type="checkbox"/> Federal Housing Program (Section 8) of the Department of Housing. <input type="checkbox"/> Medical Assistance Program ("Medicaid") of the Department of Health. <input type="checkbox"/> Temporary Assistance Program for Needy Families ("TANF") of the Department of Family.		<input type="checkbox"/> National School Lunch Program free of cost from the Education Department. <input type="checkbox"/> Energy Assistance Program for Low Income Homes from the Department of Family. The Energy Assistance grant is <u>not</u> related to the programs of the Power Authority. <input type="checkbox"/> Supplemental Security Income.	
(17) Do you want to restrict long distance calls at no additional cost?    Yes <input type="checkbox"/> No <input type="checkbox"/>			
(18) Automatic Subscription for PAN Participants? I request enrollment to the Universal Service Program through the automatic process.    Yes <input type="checkbox"/> NO <input type="checkbox"/>			
(19) Applicant's Signature		(20) Date	
<b>FOR INTERNAL USE OF CLARO</b>			
Control Code JRT	Exception Code, if applicable	Date of Subscription	Termination Date

## CERTIFICATION UNIVERSAL SERVICE PROGRAM

I, \_\_\_\_\_, after having read and completed all the information in this application for Universal Service (Lifeline), certify under penalty of perjury or permanent ineligibility that:

1. I qualify with the eligibility requirements to receive the benefit of Lifeline based on the income of my family or for my participation in a qualified program, as I've detailed in this application, and I understand that I must comply with the requirements described in this application to receive Lifeline support.
2. If eligible for the benefit of Lifeline for my participation in one of the qualified assistance programs, I promise to send to CLARO the evidence of my participation annually.
3. If eligible for the benefit of Lifeline based on the income of my family unit, the documentation presented here reflects the truth about the number of members and income comprising my household.
4. I understand that it is my obligation to notify CLARO within a period of thirty (30) days if for any reason I no longer continue to comply with the criteria to receive Lifeline including, as relevant, if I do not comply with the eligibility criteria's to receive the subsidy for Lifeline, either based on income or for my participation in any of the qualified programs by receiving more than one Lifeline benefit or because another member of my household is receiving the benefit of Lifeline.
5. In the event that I move to another address other than that informed on this application, I will notify CLARO of the new residential address within thirty (30) days after the moving has taken place, as well as any change in my postal address.
6. I acknowledge that if a temporary residential address has been provided in this application, I should confirm to CLARO every ninety (90) days, and if within thirty (30) days no response has been provided to CLARO to verify my address, I will lose the Lifeline subsidy.
7. I acknowledge that only one Lifeline subsidy is available per household and that my family unit cannot receive Lifeline subsidy from more than one service provider. For purposes of this application, family unit is defined as an individual or group of individuals who live together in the same address as one economic unit and sharing their income and expenses.
8. I acknowledge that the Lifeline benefit is not transferable and it cannot be transferred to any other person, including another low-income consumer.
9. I recognize that the information contained in this application is true and correct to the best of my knowledge.
10. I acknowledge that Lifeline is a benefit of the State and Federal Government and that providing false or fraudulent information to receive the subsidy for Lifeline is penalized by law and could result in the cancellation of the benefit, permanent ineligibility, the imposition of fines and/or jail.
11. I acknowledge that at any time recertification maybe requested to recertify my eligibility on an ongoing basis, and that failure to comply with this recertification, will result in the cancellation of my registration to the program and therefore I will no longer receive this benefit.
12. I acknowledge and agree that for purposes of verification that I do not receive more than one subsidy per my family unit, the documents submitted with this application and all information contained therein, including my name, telephone number, Social Security number information, and home address will be disclosed by CLARO to the Federal Communications Commission (FCC), the Universal Service Administrative Company (USAC), the Telecommunications Regulatory Board of Puerto Rico, Solix, Inc., successive administrators of Universal Service Funds, its authorized agents, or to any agency, federal or State, as required by law.
13. I acknowledge that if USAC, the FCC, the Telecommunications Regulatory Board of Puerto Rico, Solix, Inc., successive administrators of Universal Service Funds, and/or their authorized agents, identify that I am receiving more than one subsidy for Lifeline in my household, all providers involved will be notified so that I can select only one service with subsidy and eliminate my subscription for the Program at the other provider.
14. I acknowledge that subscribing to the benefit of Lifeline in a prepaid service of CLARO; I will lose the benefit if I do not use the service during a consecutive period of 60 days.
15. I acknowledge that CLARO will only process applications that are completed correctly and signed.
16. **I declare under penalty of perjury and ineligibility that according to my best knowledge, I nor any other member of my family is currently receiving the Lifeline subsidy of any provider in another wireline telephone, wireless, or any other technology.**

For this record, I sign the present certification on \_\_\_\_\_

\_\_\_\_\_  
Customer's Signature